MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031688

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 4493 STATE FILE NUMBER

FILED AUG 28 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	6008		
2	6068		
3			
4	0		
5	1		
6			
7	0		
8	0		
9	331X		
10			
11			
12	90-0		
13			

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 45 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4116 Hawthorne Circle
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4116 Hawthorne Circle — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Eldon Middle: Paul Last: Morgan

4. DATE OF DEATH: Month: Aug. Day: 10 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-23-97

9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Pinkerton Agency

11. BIRTHPLACE (City and state or country): Plattsburg, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Samuel R. Morgan

13b. MOTHER'S MAIDEN NAME: Famie Jones

14. NAME OF HUSBAND OR WIFE: Jessie Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of servi: W.W.I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Jessie Morgan 4116 Hawthorne Circle Address: K.C. MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebrovascular accidents multiply	6-8 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral arteriosclerosis	8-10 years
DUE TO (c)	Hypertension	30-40 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 8, 1963 to August 10, 1963 and last saw her him alive on August 8, 1963

Death occurred at 2:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Comer Bates M.D.

22b. ADDRESS: 5140 Antioch Road Kansas City 19 Missouri

22c. DATE SIGNED: 8/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 12, 63

23c. NAME OF CEMETERY OR CREMATORY: Mound Cemetery

23d. LOCATION (City, town, or county) (State): Filley, Mo.

24. FUNERAL DIRECTOR: D.W. Newcomers Sons ADDRESS: North Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 8-12-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Kolsbeck

Licensed Embalmer No. 4949

P. O. Address No. Kansas City 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.